| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| Complete items 1.2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | Received by (Massa Print Clearly) /B. Date of Delivery C. Signature X |
| 1. Article Addressed to: | D. Is delivery address different from item 1? If YES, enter delivery address below: |
| * RM-10983 Jefferson-Pilot Communications Company of Georgia Penthouse 1 Capital City Plaza 3350 Peachtree Road, N.E. Atlanta, GA 30326 | 3. Service Type ☑ Certified Mail □ Express Mail |
| Allanta, GA 30020 | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) 7003 0510 0003 | 8378 2660 |
| PS Form 3811, July 1999 Domestic Reti | urn Receipt 102595-00-M-0952 |

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